



PART B - FEE(S) TRANSMITTAL

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04/19/2006

ALLEMAN HALL MCCOY RUSSELL & TUTTLE LLP
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PORTLAND, OR 97205-3335

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Angie C. Farr (Depositor's name)
Angie C. Farr (Signature)
June 30, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,994	03/31/2004	Chung J. Lee	DSI 303	7286

TITLE OF INVENTION: SINGLE AND DUAL DAMASCENE TECHNIQUES UTILIZING COMPOSITE POLYMER DIELECTRIC FILM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/19/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
COLEMAN, WILLIAM D		2823	438-400000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

07/03/2006 TRESHOLD 00000015 503397 10815994

- Alleman Hall McCoy Russell &
- Tuttle LLP
-

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Dielectric Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fremont, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 503397 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

M. Matthews Hall

Date June 30, 2006

Typed or printed name

M. Matthews Hall

Registration No. 43,653

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